| Effective December 29, 1999  |  |   |                   |   |                  | 01/30/02/         |                        |      |                               |                        |
|--|--|---|-------------------|---|------------------|-------------------|------------------------|------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                   |   |                  | SMALL ENTITY TYPE |                        | OR_  | OTHER THAN<br>OR SMALL ENTITY |                        |
| FO   | R  | NUMBER                                      |                   | NUMBER E                                      | XTRA             | RATE              | FEE                    |      | RATE                          | FEE 7                  |
| BAS  | SIC FEE  | - CONTACTOR                                 | W-4017            |   |                  |                   |                        | OR   |                               | 610                    |
|  | TAL CLAIMS                                     | 47  | 47 minus 20= · 27 |   |                  | X\$ 9=            |                        | OR   | X\$18=                        | 486                    |
|  | EPENDENT CLAI                                  | MS 6  | 6 minus 3 = : 3   |   |                  | X39=              |                        | OR   | X78=                          | 234                    |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                   |   |                  | +130=             |                        | OR   | +260=                         |                        |
|  | ·  | TOTAL                                       |                   | į L   | TOTAL            | 1391              |                        |      |                               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |                   |   |                  | SMALL             | NTITY                  | or_  | OTHER<br>SMALL                | THAN                   |
| IT A   |  | (Column 1) CLAIMS REMAINING AFTER           |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA | RATE              | addi-<br>Tional<br>Fee |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
| ME   | Total  | AMENDMENT                                   | Minus             | FAIDTON                                       | =                | X\$ 9=            | i                      | OR   | X\$18=                        |                        |
| AMENDMENT A  | Independent                                    |   | Minus             | ***   | =                | X39=              |                        | OR   | X78=                          |                        |
| ¥  | FIRST PRESEN                                   | TATION OF MU                                | LTIPLE DEPE       | NDENT CLAIM                                   |                  | +130=             |                        | OR   | +260=                         |                        |
|  |  |   |                   |   |                  | TOTAL             |                        | ا ا  | TOTAL<br>ADDIT. FEE           |                        |
|  | ·  |   |                   | 10 1  | (Column 2)       | ADDIT. FEE        |                        |      | 70011.1 LL                    |                        |
| AMENDMENT B  |  | (Column 1) CLAIMS REMAINING AFTER           |                   | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA    | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | AMENDMENT                                   | Minus             | **  | =                | X\$ 9=            |                        | OR   | X\$18=                        |                        |
|  | Independent                                    | •   | Minus             | ***   | =                | X39=              |                        | OR   | X78=                          |                        |
|  | FIRST PRESEN                                   | NTATION OF MU                               | JLTIPLE DEPE      | NDENT CLAIM                                   |                  | +130=             |                        | OR   | +260=                         |                        |
|  |  |   |                   |   |                  | TOTAL             |                        | ┫╻╻╵ | TOTAL<br>ADDIT. FEE           |                        |
|  |  |   |                   | 10.1.0  | (Column 2)       | ADDIT. FEE        | <del></del>            | -4   | ADDIT. I EL                   |                        |
| AMEN' MENT C   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT EXTRA    | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | AMENDMENT                                   |                   |   | .,               | X\$ 9=            | 1<br>1                 | OA   | X\$18=                        |                        |
|  | Independent                                    | *   | Minus             | •••   | =                | X39=              |                        | OR   | X78=                          |                        |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |   |                  | +130=             |                        | OR   | ÷260=                         |                        |
|  |  | no 1 le lece than t                         | he entry in colum | nn 2, write "0" in c                          | olumn 3.         | TOTAL             |                        | OR   | TOTA                          |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                   |   |                  |                   |                        |      |                               |                        |

Application or Docket Number